



Department of Medical Assistance Services
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MEDICAID MEMO

TO: All Community Service Boards/Behavioral Health
Executive Directors, Consumer-Directed Service
Facilitators, MR Waiver Pre-vocational Service Providers
and Agency-Directed Companion Services Providers

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO Special
DATE 1/10/2005

SUBJECT: Services Requiring Claims Submission Through the VaMMIS –
Effective February 1, 2005

Note: This notice reflects changes that may affect your reimbursement for particular services.

The purpose of this memorandum is to notify you of changes for claims submitted to the Department of Medical Assistance Services (DMAS) for offline payment. Effective February 1, 2005, Mental Retardation (MR) Waiver providers of Service Facilitation, Agency-Directed Companion Services and Pre-vocational Services must bill for their services through the Virginia Medicaid Management Information System (VaMMIS). The codes that are affected by this change are listed below:

| Local | National | Mod | Description | PA Required |
|--------|----------|-----|--|-------------|
| Y0065 | H2000 | | Initial Comprehensive Visit | No |
| Y0066 | S5109 | | Employee Management Training | No |
| Y0067 | 99509 | | Routine Home Visit | No |
| Y0068 | T1028 | | Reassessment Visit | No |
| Z9568 | S5116 | | Management Training | No |
| Z9570 | 99199 | U1 | Criminal Record Check | No |
| Y0061 | 99199 | | CPS Registry Check | No |
| PREVOC | H2025 | | Pre-vocational Services, Regular Intensity | Yes |
| PREVOC | H2025 | U1 | Pre-vocational Services, High Intensity | Yes |
| Y0070 | S5135 | | Agency-Directed Companion Services | Yes |

Since these claims have not previously been paid through the VaMMIS, it is important to remember that, when these claims are submitted, system edits will be in place. Prior to February 1, 2005, you will receive a pre-authorization notification for these services if the waiver recipient

has an existing approval for the service. One of the main system edits that will affect you is the requirement that the pre-authorization number (PA number) be on the claim. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) conducts pre-authorization for the MR Waiver services and issues the PA numbers. PA numbers must be placed in block 23 on the CMS-1500 Claim Form. When the claim is submitted, the PA number edit will ensure that:

- the service limits for the specific code are not exceeded;
- the dates of service billed are within the authorized date range and match the dates on the pre-authorization;
- the procedure code(s) are correct for the service(s) authorized; and
- the provider identification number and recipient identification numbers match those in the prior authorization file.

For individuals who receive the same service from two different providers on the same day, the first provider's claim is to be billed with modifier 77 on the claim. The second provider must submit their claim with the national code and modifier 77. Otherwise, the second provider's claim will be denied due to duplication of services from the first provider. The modifier is placed in block 24D on the CMS-1500 Claim Form.

Effective February 1, 2005, DMAS will no longer accept claims for offline payment of the aforementioned services. If claims are submitted for offline payment on or after February 1, 2005, the claim will be rejected. Claims submitted through the VaMMIS do not require accompanying copies of Individual Service Authorization Requests, as was the required practice with the offline payment system.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option to access information regarding Medicaid eligibility, claims status, check status, service limits, prior authorization and pharmacy prescriber identification information. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 800-884-9730 or 800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the Provider Column to find Medicaid and SLH Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

"HELPLINE"

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays, to answer questions. The "HELPLINE" numbers are:

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| 1-804-786-6273 | Richmond area and out-of-state long distance |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid provider identification number available when you call.